

To: Mandatory Reporters for Residents of Nursing Homes/LTC
Facilities

From: Pamela A. Giannini
Director of Aging, Community, and Social Work Services

Date: May 30, 2006

Re: Review of Procedures and Updated Version of Reporting Form

This memo is to update procedures regarding Connecticut General Statutes Sec. 17b-407 through 17b-408, which requires that suspected abuse, neglect, exploitation or abandonment of a resident in a nursing home be reported to the Commissioner of the Department of Social Services (effective 7/1/99). The reporting form has also been revised and is attached.

The statute requires any mandatory reporter who has reasonable cause to suspect or believe that a nursing home resident has been abused, neglected, exploited or abandoned, report this information, or cause a report to be made, to the Social Work Division of the Department of Social Services within 72 hours of the incident. The following are definitions from the Connecticut State Statutes, Sec. 17b-450 that pertain to this reporting requirement.

Mandatory Reporters include "...Any physician or surgeon licensed under the provisions of Chapter 370 or 371, and any resident physician or intern in any hospital in this state, whether or not so licensed, any registered nurse, any nursing home administrator, nurse's aide or orderly in a nursing home facility, any person paid for caring for a patient in a nursing home facility, any staff person employed by a nursing home facility, any patients' advocate and any licensed practical nurse, medical examiner, dentist, osteopath, optometrist, chiropractor, podiatrist, social worker, psychologist, clergyman, police officer, pharmacist or physical therapist."

Abuse "...includes, but is not limited to, the willful infliction of physical pain, injury or mental anguish, or the willful deprivation by a caretaker of services which are necessary to maintain physical or mental health."

Neglect “...refers to an elderly person who is either living alone and not able to provide for oneself the services which are necessary to maintain physical and mental health or is not receiving the said necessary services from the responsible caretaker.”

Exploitation “ ...refers to the act or process of taking advantage of an elderly person by another person or caretaker whether for monetary, personal, or other benefit, gain or profit.”

Abandonment “ ...refers to the desertion or willful forsaking of an elderly person by a caretaker or foregoing of duties or the withdrawal or neglect of duties and obligations owed an elderly person by a caretaker or other person.”

We receive numerous reports of resident-to-resident altercations. Incidents between residents need **only** be reported when the facility has made a determination that the resident who is the alleged “abuser” has the capability to take such action “intentionally, knowingly or recklessly” or, in the case of neglect, a person is acting with “criminal negligence,” as described in the CGS Penal Code Sec. 53a-3 Definitions:

A person acts “**intentionally**” with respect to a result or to conduct described by a statute defining an offense when his conscious objective is to cause such result or to engage in such conduct.

A person acts “**knowingly**” with respect to conduct or to a circumstance described by a statute defining an offense when he is aware that his conduct is of such nature or that such circumstance exists.

A person acts “**recklessly**” with respect to a result or to a circumstance described by a statute defining an offense when he is aware of and consciously disregards a substantial and unjustifiable risk that such result will occur or that such circumstance exists. The risk must be of such nature and degree that disregarding it constitutes a gross deviation from the standard of conduct that a reasonable person would observe in the situation.

A person acts with “**criminal negligence**” with respect to or as a result of failing to perceive a substantial and unjustifiable risk that could occur. The risk must be of such nature and degree that the failure to perceive it constitutes a gross deviation from the standard of care that a reasonable person would observe in the situation.

Incidents meeting this legal standard, as a potential crime must be reported to the police.

The determination of a resident's capability to form intent should be made consistent with normal assessments of a resident's condition and capabilities. Incidents among residents, which do not constitute abuse, should be addressed through facility assessment and care planning and incident reports to the State of Connecticut Department of Public Health as required by federal and state law.

As a reminder, the Office of the Long Term Care Ombudsman should continue to receive complaints directly from residents, family members or others acting on behalf of the resident. If a resident complains of "rough handling," the facility is to ensure that resident is aware of the advocacy services provided by the Ombudsman. The facility should assist the resident in accessing the services of the Ombudsman.

Reports should be filed using the revised W-410 that is attached. This memo in no way impacts your reporting obligations to the Connecticut Department of Public Health.

If you have questions regarding the content of this memo, please call the Social Work Division at 860-424-5241. As a reminder, the fax number to send reports to is 860-424-5091. Telephone reports are **not acceptable**. Thank you.

PAG:MF
Attachment

cc: Connecticut Department of Public Health
State LTC Ombudsman

MANDATED REPORTER FORM FOR LONG TERM CARE FACILITIES

Resident in Need of Protection Being Referred		
Last Name:	First Name:	M.I.:
Date of Birth: ____/____/____	S.S. #: ____/____/____	Age:
Long Term Care Facility		
Name of Long Term Care Facility: _____		
Facility Address: _____		
Contact Person: _____		
Telephone: () _____ Fax: () _____		
Report of Suspected: _____ Abuse _____ Neglect _____ Exploitation _____ Abandonment Date of incident (if known): _____ Relationship of the alleged perpetrator to the resident (i.e. family, facility staff, other resident, etc.): _____ _____		
Who Has Been Notified/Involved?: _____ CT Department of Social Services _____ CT Department of Public Health _____ State or Local Police		
If this is a resident/family complaint, have you offered to contact the office of the Long Term Care Ombudsman program on their behalf? _____ Yes _____ No		
Please provide information regarding the nature and extent of the situation and any other details which might be helpful in investigating the case and protecting the resident. _____ _____ _____ _____ _____		
Investigation pending and summary to follow. _____ Yes _____ No		
Referral/Reporter Information: Name: _____ Address: _____ Telephone: () _____ Fax: () _____ Relationship to the Resident: _____ Date of Report: _____ Does the Reporter Wish to be: _____ Anonymous _____ Identified		

Note: Incidents between residents need only be reported when the facility has determined that the resident has the capability to act intentionally, knowingly or recklessly, in accordance with definitions contained in Penal Code 531.3.

TELEPHONE REPORTS ARE NOT ACCEPTABLE